

Addendum No. 2
September 13, 2011

Notice is hereby given to all prospective respondents for the Worker's Compensation Insurance, Employer's Liability, Proposal No. 2010-11-10 Self-Insured Options and Commercial Package, Proposal No. 2010-11-11, for the City of Weslaco as follows:

1. Payroll Classification 2011-2012
2. General Aviation Airport Liability Application
3. Supplemental Application Information
4. Commercial Airport Liability Application
5. Crime Coverage Exposure Summary
6. Prospect Exposure Summary Liability Schedule

Please complete and fax the enclosed acknowledgement immediately to (956) 969-8452.

City of Weslaco,

Homer Rhodes
Purchasing Division

HR/vsr

ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE RECEIPT OF Addendum No. 2 for the City of Weslaco **Worker's Compensation Insurance, Employer's Liability, Proposal No. 2010-11-10 Self-Insured Options and Commercial Package, Proposal No. 2010-11-11**, proposal specifications dated September 23, 2011.

Company: _____

Name: _____

Signature: _____

Title: _____

Address: _____

City/State/Zip: _____

Email: _____

If you should have any questions regarding the RFP specifications, please call (956) 447-2240.

CITY OF WESLACO
PAYROLL CLASSIFICATION
2011-2012

CODE		PAYROLL	RATE	MANUAL CONTRIBUTION
3365		-	-	-
4511		167,791	0.94	1,582
5190		41,621	4.61	1,919
5191		164,642	1.15	1,891
5506		312,378	7.54	23,562
7423		117,148	6.02	7,056
7520		332,895	5.87	19,536
7580		181,490	3.24	5,880
7704		2,852,840	3.22	91,943
7720		3,051,283	3.66	111,764
8391		106,997	3.03	3,240
8810		1,875,798	0.27	5,038
8831		39,604	1.85	733
8838		323,655	0.63	2,034
9015		294,460	4.34	12,788
9102		335,106	5.58	18,708
9402	Street Cleaning & Drivers	24,533	11.37	2,790
8742		11,400	0.43	49
3724V		-	-	-
8742V		-	-	-
		<u>10,233,641</u>		<u>310,515</u>

GENERAL AVIATION AIRPORT LIABILITY APPLICATION

(Not for use if Airline or Commuter Operations are involved)

ENTITY INFORMATION		
Entity Name: <i>CITY OF WESLACO</i>	<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> General Lessee <input type="checkbox"/> Tenant
Entity Address: <i>255 SOUTH KANSAS DR.</i>		
Coverage Effective Date:	Coverage Expiration Date:	
Location of Airport: <i>1909 JOE STEPHENS DR</i>		
Airport Identifier (FAA Number): <i>KT 65</i>		

TOTAL AIRPORT OPERATIONS (Take-offs and Landings)	This Fiscal Year	Next Fiscal Year
General Aviation/Air Taxi	<i>25,000</i>	<i>30,000</i>
Military	<i>150</i>	
Largest aircraft type commonly using the airport	<i>BEUCRAFT HAWKER 800</i>	

1) Is Airport fenced?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2) Is a Fire Station on the premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3a) Is a manager on premises 24 hours a day?	<input type="checkbox"/> Yes - Go to Question 4a <input checked="" type="checkbox"/> No - Complete 3b.
3b) When is manager on premises?	<i>7AM / 6PM 5 DAYS WEEK</i>
4a) Is airport manager an employee of Entity?	<input checked="" type="checkbox"/> Yes - Go to Question 5a <input type="checkbox"/> No - Complete 4b.
4b) Name of employer (include copy of the contract):	
5a) Are there any non-aviation activities at the airport?	<input type="checkbox"/> Yes - Complete 5b <input checked="" type="checkbox"/> No
5b) Describe activities.	
6a) Are parachute, ultra-light or balloon activities planned?	<input checked="" type="checkbox"/> Yes - Complete 6b <input type="checkbox"/> No
6b) Describe activities.	<i>ULTRA-LIGHTS USE A/P TOUCH & GO'S</i>

FUELING	
Is fueling done on premises?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is fueling done by Entity?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fueling is done by:	<input checked="" type="checkbox"/> Truck <input checked="" type="checkbox"/> Other - Describe below
Describe:	<i>SELF SERVICE AVIATION + JET A. TRUCK JET A ONLY</i>

ESTIMATED ANNUAL GROSS RECEIPTS		
Sale of Aviation Fuel & Oil: Av Gas	\$ <i>192,957.17</i>	Jet Fuel: \$ <i>76,457.99</i>
Fueling Receipts from Fixed Base Operator(s)	\$ <i>N/A</i>	

GENERAL AVIATION AIRPORT LIABILITY APPLICATION

(Not for use if Airline or Commuter Operations are involved)

TIE-DOWN AND HANGARING			
If Hangars are present, who contracts with owners for rental?	Member	FBO	Other <u>CITY</u>
If Tie-Downs are present, who contracts with owners for rental?	Member	FBO	Other <u>CITY</u>
Hangar Information: Number of Hangars <u>12</u> Average Number of Aircraft in Hangars <u>3</u> Highest Value – Any One Aircraft <u>\$ 300,000.00</u> Total Value – All Aircraft <u>1 MIL.</u>		Tie-Down Information: Number of Tie-Downs <u>18</u> Average Number of Aircraft Tied Down <u>3</u> Highest Value – Any One Aircraft <u>\$ 19 MIL</u> Total Value – All Aircraft <u>\$ 50 MIL</u>	
Are aircraft taxed or moved by Entity?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is a charge made for Automobile Parking?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of Parking Spaces _____			

INSURANCE				
What minimum insurance limits do you require the following to provide?	Premises Liability	Product Liability	Hangarkeepers Per Aircraft	Hangarkeepers Per Occurrence
Fixed Base Operators				
Concessionaires			N/A	N/A
Other Contractors:				
Do each of the above to include you as an Additional Insured policy?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require this insurance to be Primary and Non-contributory to your coverage?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you maintain on file current Certificates of Insurance on each of the above?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

CONTROL TOWER	
Does the Airport have a Control Tower?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the FAA operate the Control Tower?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Answer the following
Who operates it?	
What limits of insurance do they carry?	
Do they hold you harmless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they include you as an Additional Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this contract for the operation of the tower between you and the operator or between the FAA and the operator?	

GENERAL AVIATION AIRPORT LIABILITY APPLICATION
(Not for use if Airline or Commuter Operations are involved)

PRIOR INSURER HISTORY	
Insurer Name(s)	Year
TML-IRP	10/01/2008 to 10/01/2009
ACP GROUP	10/01/2009 to 10/01/2011

Please attach detailed loss information for the past 5 years for Airport Liability, including Products/Completed Operations and Hangarkeepers Liability as applicable.

**IMPORTANT: YOUR COVERAGE EXCLUDES AIR MEETS, CONTESTS AND EXHIBITIONS,
BUT DOES NOT EXCLUDE "STATIC DISPLAYS."**



AVIATION

a division of J. Smith Lanier & Co.

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LOGANVILLE, GA 30052
678-639-4100 • FAX 678-639-4141
800-654-7892

Sharon Cathey
Account Manager
678-639-4102
scathey@jslaviation.com

SUPPLEMENTAL APPLICATION INFORMATION

Insured: City of Weslaco
Policy Number: AAPN05622645002
Expiration Date: 10/1/11

I. Premises Operations

a. Describe any changes with respect to the your premises operation over the last 12 months or expected to take place in the next twelve months:

DESIGNATED LANDING RIGHTS AIRPORT
BY CBP. OPENED NEW 1800 SQFT CUSTOMS FACILITY
OPENED FOR OPERATIONS 6-2011

b. Please list personnel by count in the following categories:

Full-Time Pilots: _____ Part-Time Pilots: _____ Line Techs: 2 Mechanics: _____ Clerical: 1 Other: 1

c. Please list and describe any vehicles and equipment owned or operated on the airport premises by you:

1-COURTESY VAN, UTILITY 3/4 TON TRUCK, JET A FUEL TRUCK,
MASSEY HERRISON TRACTOR.

II. Products, Completed Operations Exposure

SOURCE OF INCOME	ACTUAL RECEIPTS 10-11	ESTIMATED RECEIPTS 11-12
Flight Instruction & Aircraft Rental	<u>0</u>	
Charter Operations	<u>0</u>	
Pilot Service (In Non Owned Aircraft)	<u>0</u>	
Aircraft Storage - Hangared	<u>\$46,972.96</u>	<u>46,972.96</u>
Aircraft Storage - Tied Down	<u>\$300</u>	<u>300</u>
Aircraft Towing	<u>0</u>	
New Aircraft Sales	<u>0</u>	
Used Aircraft Sales	<u>0</u>	
Aircraft Sales Brokerage Commissions	<u>0</u>	
Repairs - Aircraft & Engine (Including Parts Installed)	Piston Aircraft: <u>0</u> Turbine Aircraft: <u>0</u>	Piston Aircraft: _____ Turbine Aircraft: _____
Repairs - Avionics & Instruments (Including Parts Installed)	Piston Aircraft: _____ Turbine Aircraft: <u>0</u>	Piston Aircraft: _____ Turbine Aircraft: _____

Engine Overhaul	Piston Aircraft: Turbine Aircraft: 0	Piston Aircraft: Turbine Aircraft:
Propeller Overhaul	0	
Aircraft Painting	0	
Cargo / Baggage Handling or Storage	0	
Passenger or Baggage Security	0	
Parts Sales (Not Installed)	0	
Fuel and Oil Sales	Receipts: Jet A Gallons Sold: 28,739.4 Avgas Gallons Sold: 52,246.3	Receipts: Jet A Gallons Sold: 45,000 Avgas Gallons Sold: 60,000
Fuel Flowage Fees (Airline Fueling)	0	
Aircraft Interior Cleaning	0	
Aircraft Exterior Cleaning	0	
Aircraft Deicing	0	
Restaurant Sales	0	
Miscellaneous Sales	0	
Total		

III. Hangarkeepers Exposure

- a. Number of Hangars 12
- b. Number of Tie downs
- c. Average Value of any one aircraft \$250,000
- d. Maximum Value in any one hangar 7.8 million
- e. Total Values on tiedown ramps \$100,000
- f. Do you tow or reposition aircraft? Yes
- g. Average value of any one aircraft being cleaned? 0
- h. Maximum value of all aircraft in the insured's care, custody, or control at any given time? 0

IV. Describe any Construction, Demolition or Alterations planned to take place at the Insured Premises:

EXTENSION OF RUNWAY 1000 FT TOTAL 6,000 FT WIDEN TO 75 FT

V. Have you assumed the liability of others by contract or agreement? If yes, please attach copies of contracts.

NONE

VI. Please describe any changes in Coverage or Limits desired at renewal:

[Signature] AVIATION DIRECTOR
Personal Signature of Applicant or Authorized Executive

8-3-11
Date

COMMERCIAL AIRPORT LIABILITY APPLICATION

This Application does not commit the Insurer to any liability nor make the Application liable for any premium unless and until Phoenix Aviation Managers, Inc., specifically so advises the Applicant's Agent or Broker regardless of when this Application may have been received by Phoenix Aviation Managers, Inc.

EACH ITEM MUST BE ANSWERED ACCURATELY AND IN DETAIL

1. Is this a Public Bid? ☒ Yes ☐ No
(Note: If yes, the complete bid specifications must be attached)

2. Name and Address of Applicant: City of Weslaco

APPLICANT IS:

☐ Corporation

☐ Partnership*

☒ Municipality

☐ Individual

☐ Estate

* If Partnership give names of Officers or Partners, listed below.

3. Coverage to be Effective from: Oct. 1, 2010 to: Oct. 1, 2012
(Standard Time at address of Applicant) both days at 12:01 A.M.

4. Name and Location of Airport: WESLACO MID VALLEY
1609 JOE STEPHENS AVE, WESLACO TX 78596

Airport Identifier: KTLS

Please complete separate Application for each Airport location.

5. FAA Airport Classification: GENERAL UTILITY STAGE II

6. Interest of Applicant in Airport:

☒ Owner

☐ General Lessee

☐ Tenant

7. Description of Airport:

(a) Elevation is 70.7 ft.

(b) Runway length: 6,000

Runway construction:

☐ Concrete

☐ Turf

☐ Gravel

☒ Blacktop

☐ Other

(c) Are Runways lighted?

☒ Yes ☐ No

(d) Is Airport Fenced 100%?

☒ Yes ☐ No

(e) What method do you use to control animals and birds? ANIMALS FENCING

8. (a) Is a Fire Station on premises, if not who responds and how far away? WESLACO FD 1/4 MILE W

(b) Number of EMT & Fire Fighters on duty at any one time? 13 3 STATIONS

9. Is a Manager on premises 24 hours a day?

☐ Yes ☒ No

If no, when? 7AM-6PM 5 days 1 employee SATURDAY

10. (a) Is Airport Manager an employee of the Named Insured?

☒ Yes ☐ No

(b) If no, of whom and supply a copy of the contract.

(c) Does the Airport Manager carry out business at the Airport, aside from his/her duties as the Airport Manager? ☐ Yes ☒ No

If Yes, describe.

(d) How much Insurance do they carry?

(e) When does their coverage expire?

(f) Do they hold you harmless?

☐ Yes ☐ No

(g) Does their Insurance Policy include you as an Additional Insured?

☐ Yes ☐ No

(h) Does the contract between you and the Airport Manager specifically outline (a) his/her duties as Manager and (b) Insurance requirements?

☐ Yes ☐ No

11. (a) Are there any Non-Aviation activities at the Airport? ☐ Yes ☒ No
Describe: _____
- (b) Are there any Ultra-light, Parachute or Balloon Operations? ☒ Yes ☐ No
Describe: ULTRA-LIGHT TOUCH & GO'S

	This Fiscal Year	Next Fiscal Year
12. Annual Enplaned Passengers:	<u>1,400</u>	<u>2,400</u>
13. Total Annual Aircraft Operations (Take-Offs and Landings):		
(a) Airlines / Commuter	<u>0</u>	<u>0</u>
(b) General Aviation / Air Taxi	<u>20,000</u>	<u>25,000</u>
(c) Military	<u>150</u>	<u>150</u>
(d) Total Operations	<u>20,150</u>	<u>25,150</u>

14. (a) Largest Aircraft Type commonly using the Airport: BECHCRAFT HAWKER 800
- (b) Who operates the Aircraft in (a)? LEASANT

15. Does Insured engage directly in any of the following operations? **If Yes, Annual Receipts**
- | | | |
|---|---|-------|
| (a) Sale of Aircraft | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | _____ |
| (b) Aircraft Repairs & Service | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | _____ |
| (c) Aircraft Parts Sold | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | _____ |
| (d) Cargo Handling | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | _____ |
| (e) Cargo Storage | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | _____ |
| (f) Planemate Operation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | _____ |
| (g) Security Screening | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | _____ |
| (h) Rental & Instruction | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | _____ |
| (i) Restaurant Operations | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | _____ |
| (j) Passenger Shuttle Bus or Van Operations | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | _____ |
| (k) Are you planning to change any of your Historical Operations (Describe below) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | _____ |

16. **FUELING:** On Premises? ☒ Yes ☐ No Done by Applicant? ☒ Yes ☐ No
- Fueling is by: ☒ Truck ☐ Hydrant ☒ Gas Pump ☐ Gas Pit ☐ Other _____
- Fuel Storage Facilities: Underground _____ gallons Above Ground 24,000 gallons
- Does Applicant refuel / defuel any Scheduled Airlines? ☐ Yes ☐ No
- If yes, describe type of Aircraft and number fueled per day. NO

What are your Annual Gross Receipts for fueling? a) Airline (JET) 25,000 gallons
b) General Aviation 220,000

What control do you exercise over fueling and the storage of fuel? COMPLETE

Are there self serve fuel facilities on premises? ☒ Yes ☐ No

If yes, who is responsible for maintenance of equipment and fuel checks? AIRPORT OPERATIONS PERSONNEL

Who receives profit from Fuel Sales? CITY

17. Air Meets, Contests, Exhibitions – Our policy excludes Air Meets, Contests and Exhibitions without our prior agreement, but does not exclude "Static Displays". If you plan to have an Air Meet, Contest or Exhibition, different conditions will apply. Contract your Insurance Agent for details.
- Are you planning to have an Air Meet, Contest or Exhibition other than static display? ☐ Yes ☒ No
18. Is your Control Tower operated by the FAA? ☐ Yes ☒ No
- If No:
- (a) Who Operates it? NBDE
- (b) How much Insurance do they carry? _____
- (c) When does their Insurance expire? _____

- (d) Do they hold you harmless? _____
 (e) Does their Insurance Policy include you as an Insured? _____
 (f) Is this contract for the operation of the tower between you and the operator or between the FAA and the operator? _____

19. **Tie Down & Hangaring by Applicant:**

- (a) Do you rent Hangars or Tie Downs directly to the Aircraft Owners? ☒ Yes ☐ No
 (b) Or Fixed Based Operators, who in turn rent to Aircraft Owners? ☐ Yes ☐ No
 (c) Air Aircraft or other taxied or moved by Applicant? ☒ Yes ☐ No
 (d) Who provides Tie Down ropes / chains, etc.? CITY
 (e) Number of:
 Tied Down Spaces 18 T - Hangars 10 Multiple Aircraft Hangars 2
 Number of Aircraft:
 Tied Down 3 In T-Hangars 10 In Multiple Aircraft Hangars 12
 Highest Value A/C:
 Tied Down \$ 50 MIL In T-Hangars \$ 350 K In Multiple Aircraft Hangars \$ 350 K
 Total Value All A/C Combined:
 Tied Down \$ 70 MIL In T-Hangars \$ 2.5 MIL In Multiple Aircraft Hangars \$ 5 MIL

Number of : Ultra-light A/C _____ Helicopters 2

20. (a) Total Number of Parking Spaces operated by Insured 20, operated by Contractor _____
 (b) Is there a charge for parking? ☐ Yes ☒ No
 (c) Name of Parking Facility Contractor N/A
 (d) Is there any Valet Parking at Airport? ☐ Yes ☐ No
 Provided by? N/A

21. Estimated Structural Alterations: **Runways/Taxiways** **All Other**
 (a) By Independent Contractors - cost next 12 months: \$ _____ \$ _____
 (b) By Applicant - cost next 12 months: \$ _____ \$ _____

22. As respects Incidental Malpractice, do you employ any full time Nurses, Doctors, or EMT's, and if so, please give full details; including number on duty at any one time: _____

23. **Number** **Who Maintains?**
 (a) Elevators 0 _____
 (b) Escalators 0 _____
 (c) Moving Sidewalks 0 _____
 (d) Revolving Doors 0 _____

24. **Number**
 (a) Fuel Trucks 1
 (b) Movers 2
 (c) Snow Removal 0
 (d) Pick -Up Trucks 1
 (e) Fire Engine 0
 (f) Passenger Cars 1
 (g) Tugs 1
 (h) Fixed Wing Aircraft owned by Applicant 0
 (i) Helicopters owned by Applicant 0
 (j) Other 0

25. Minimum Limits that you require to be provided: **Minimum Limits Required by You Should be not Less Than** **Are You Named as an Additional Assured**
 (a) Airlines \$250,000,000 ☐ Yes ☐ No
 (b) Commuters \$ 25,000,000 ☐ Yes ☐ No
 (c) Fixed Base Operators \$ 2,000,000 ☐ Yes ☐ No
 (d) Concessionaires \$ 1,000,000 ☐ Yes ☐ No
 (e) Contractors \$ 5,000,000 ☐ Yes ☐ No

(f) Others (describe below)

(g) Attach samples of your Standard Agreements. Are they all similar? If not, advise details on a separate sheet and / or provide copies of contracts.

VERY IMPORTANT

If your minimum limits required by you are not as high as those shown above, you must complete Page 7 of the Application. By leaving Page 7 blank you are stipulating that the Insured requires the minimum limits of liability as stated above.

26. NON-OWNED AIRCRAFT LIABILITY ARISING OUT OF AIRPORT OPERATIONS:

- (a) Number of hours per year when you use a Non-Owned Aircraft piloted by people other than employees of the Applicant and type of Aircraft and maximum seating: _____
- (b) Number of hours per year when employees of Applicant use Non-Owned Aircraft on Applicant's business and type of Aircraft and maximum seating: _____
- (c) As respects (b) above, each employee pilot must complete Pilot History Form which may be obtained from your Agent.

27. Have you had any Airport Liability or Non-Owned Aircraft Liability claims during the current policy period or during the prior 5 years thereto? ☐ Yes ☐ No

If Yes, Please provide:

<u>Date of Loss</u>	<u>Description</u>	<u>Amount Paid</u>	<u>Amount Outstanding</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: Give complete description of each loss by date, amount paid and/or reserved or attach complete loss runs for the past 5 years.

28. EXCESS AUTOMOBILE LIABILITY – OFF PREMISES.

Do you want coverage for Off Premises Excess Automobile Liability?

☐ Yes ☐ No

If yes, complete the following:

- (a) Of the vehicles listed in question 25., how many routinely go off the Airport premises? _____
- (b) Describe the vehicles that routinely go off the Airport premises. _____
- (c) Who is your Primary Automobile Insurance Company and Policy Number? _____
- (d) What limits of liability are provided? _____
- (e) Have you had any Automobile Liability claims in the last 6 years greater than \$50,000? ☐ Yes ☐ No
If so, describe: _____

29. EXCESS EMPLOYERS LIABILITY COVERAGE – EXCLUDING DISEASE

Do you want this coverage?

☐ Yes ☐ No

If yes, complete the following:

- (a) Who is your primary Employers Liability Insurance Company and Policy Number? _____
- (b) What limits of liability are provided? _____
- (c) Have you had any Employers Liability claims in the last 6 years greater than \$50,000? ☐ Yes ☐ No
If so, describe: _____
- (d) How many employees do you have? _____
- (e) What are your annual payrolls by W.C.A. class code?
- | | |
|------------|---------------|
| Code _____ | Payroll _____ |
| Code _____ | Payroll _____ |
| Code _____ | Payroll _____ |
| Code _____ | Payroll _____ |

(f) Others (describe below)

(g) Attach samples of your Standard Agreements. Are they all similar? If not, advise details on a separate sheet and / or provide copies of contracts.

VERY IMPORTANT

If your minimum limits required by you are not as high as those shown above, you must complete Page 7 of the Application. By leaving Page 7 blank you are stipulating that the Insured requires the minimum limits of liability as stated above.

26. **NON-OWNED AIRCRAFT LIABILITY ARISING OUT OF AIRPORT OPERATIONS:**

- (a) Number of hours per year when you use a Non-Owned Aircraft piloted by people other than employees of the Applicant and type of Aircraft and maximum seating: _____
- (b) Number of hours per year when employees of Applicant use Non-Owned Aircraft on Applicant's business and type of Aircraft and maximum seating: _____
- (c) As respects (b) above, each employee pilot must complete Pilot History Form which may be obtained from your Agent.

27. Have you had any Airport Liability or Non-Owned Aircraft Liability claims during the current policy period or during the prior 5 years thereto? ☐ Yes ☐ No

If Yes, Please provide:

<u>Date of Loss</u>	<u>Description</u>	<u>Amount Paid</u>	<u>Amount Outstanding</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: Give complete description of each loss by date, amount paid and/or reserved or attach complete loss runs for the past 5 years.

28. **EXCESS AUTOMOBILE LIABILITY – OFF PREMISES.**

Do you want coverage for Off Premises Excess Automobile Liability? ☐ Yes ☐ No

If yes, complete the following:

- (a) Of the vehicles listed in question 25., how many routinely go off the Airport premises? _____
- (b) Describe the vehicles that routinely go off the Airport premises. _____
- (c) Who is your Primary Automobile Insurance Company and Policy Number? _____
- (d) What limits of liability are provided? _____
- (e) Have you had any Automobile Liability claims in the last 6 years greater than \$50,000? ☐ Yes ☐ No
- If so, describe: _____

29. **EXCESS EMPLOYERS LIABILITY COVERAGE – EXCLUDING DISEASE**

Do you want this coverage? ☐ Yes ☐ No

If yes, complete the following:

- (a) Who is your primary Employers Liability Insurance Company and Policy Number? _____
- (b) What limits of liability are provided? _____
- (c) Have you had any Employers Liability claims in the last 6 years greater than \$50,000? ☐ Yes ☐ No
- If so, describe: _____
- (d) How many employees do you have? _____
- (e) What are your annual payrolls by W.C.A. class code?
- | | | | |
|------|-------|---------|-------|
| Code | _____ | Payroll | _____ |
| Code | _____ | Payroll | _____ |
| Code | _____ | Payroll | _____ |
| Code | _____ | Payroll | _____ |

30. **COVERAGE TO BE QUOTED:**

Single Limit Bodily Injury, and Property Damage Liability Combined \$ _____ each occurrence and annual aggregate as respects Products-Completed Operations – Contractual Liability. Personal / Advertising Injury and Malpractice are included separately for a sublimit of not more than \$25,000,000 any one offense / aggregate over the Primary and Excess Policies combined.

31. **PRESENT COVERAGES:**

Airport Liability

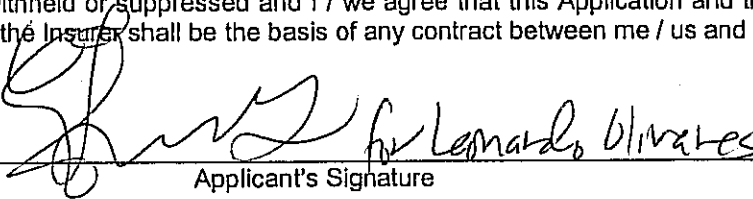
- (a) Present Company _____
- (b) Limits of Liability _____
- (c) Deductible _____
- (d) Expiration Date _____
- (e) During the last year, no insurer has cancelled or refused to renew the Applicant's Aviation Insurance except: _____

(State "No Exception" or name Insurer, date and reason)

REMARKS

All particulars herein are warranted true and complete to the best of my / our knowledge and no information has been withheld or suppressed and I / we agree that this Application and the terms and conditions of the Policy in use by the Insurer shall be the basis of any contract between me / us and the Insurer.

BY:


Applicant's Signature

DATED:

9/13/11

The following must be completed by Agent or Broker before Policy can be issued:

Name/Address or Agent or Broker: _____

Are you licensed in the State where the Insured is located as:

Surplus Lines Broker
Agent

As an Agent of Old Republic Insurance Company in the State where the Insured is located?

☐ Yes ☐ No

Any person who knowingly and with intent to defraud an Insurance Company or other person files an Application for Insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent Insurance act, which is a crime.

If the Limit
Required Is
Less Than
The Minimum
Limits shown
Under Item 25 of
the Application Please
Contact the
Lessee / Permittee
and Ascertain
What Actual
Limits Are Carried
Fill it in Below

What Cancellation
Or Review
Provisions are
Contained in the
Contract as
Respects
Insurance
Requirements

What is the
Renewal Date
Of Contract

Permittee / Lessee
Include Airport
as an
Additional Insured

Does Contract with
Permittee / Lessee Hold
Harmless &
Indemnify Airport

Limits of Liability
Contract Requires
Permittee / Lessee
to Carry

Business of
Permittee/
Lessee

Permittee/
Lessee



ace group

AIRPORT OWNERS AND OPERATORS GENERAL LIABILITY POLICY

DECLARATIONS

This Insurance Policy is issued By: ACE Property and Casualty Insurance Company 436 Walnut Street, Philadelphia, Pennsylvania, 19106 - 3703		Policy Number: AAP N05622645 002 Renewal of: AAP N05622645 001																			
Named Insured and Mailing Address: City of Weslaco 1909 Joe Stephens Drive Weslaco Texas Zip 78596 The Named Insured is: A Public Corporation																					
Location of the Airport(s) You Own or Operate: T65 Mid Valley Airport, Weslaco, Texas																					
Policy Period: From: October 1, 2010 To: October 1, 2011 at 12.01 a.m. Standard Time at your mailing address shown above.																					
In return for the payment of the premium, and subject to all of the terms of this policy, we agree with you to provide the insurance as stated in this policy.																					
Limits of Insurance: <table> <tr> <td>Products-Completed Operations Aggregate Limit</td> <td>\$1,000,000</td> </tr> <tr> <td>Personal Injury and Advertising Injury Aggregate limit</td> <td>\$1,000,000</td> </tr> <tr> <td>Malpractice Aggregate Limit</td> <td>\$1,000,000</td> </tr> <tr> <td>Each Occurrence Limit</td> <td>\$1,000,000</td> </tr> <tr> <td>Fire Damage Limit Any One Fire</td> <td>\$250,000</td> </tr> <tr> <td>Medical Expense Limit Any One Person</td> <td>\$5,000</td> </tr> <tr> <td>Hangarkeepers Limit Any One occurrence</td> <td>\$1,000,000</td> </tr> <tr> <td>Hangarkeepers Limit Any One Aircraft</td> <td>\$1,000,000</td> </tr> <tr> <td>Non-Owned Aircraft Liability Limit Any One Occurrence</td> <td>Not Insured</td> </tr> </table>				Products-Completed Operations Aggregate Limit	\$1,000,000	Personal Injury and Advertising Injury Aggregate limit	\$1,000,000	Malpractice Aggregate Limit	\$1,000,000	Each Occurrence Limit	\$1,000,000	Fire Damage Limit Any One Fire	\$250,000	Medical Expense Limit Any One Person	\$5,000	Hangarkeepers Limit Any One occurrence	\$1,000,000	Hangarkeepers Limit Any One Aircraft	\$1,000,000	Non-Owned Aircraft Liability Limit Any One Occurrence	Not Insured
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Hangarkeepers Limit Any One Aircraft	\$1,000,000																				
Non-Owned Aircraft Liability Limit Any One Occurrence	Not Insured																				
Deductibles: (Including Fees and Expenses) Each Occurrence or Offense Deductible As Endorsed Aggregate Deductible As Endorsed																					
Policy Forms and Endorsements are described in the attached Schedule of Endorsements.																					

AAP201 (11-99)

Signature:

[Signature]

By Authorized Representative

This Endorsement effective October 1, 2010
forms part of Policy Number AAP N05622645 002
Issued to City of Weslaco
By ACE Property And Casualty Insurance Company

AMENDMENT OF DEDUCTIBLE AMOUNTS AND CONDITIONS ENDORSEMENT

This endorsement modifies insurance provided under AIRPORT OWNERS AND OPERATORS GENERAL LIABILITY POLICY.

1. The Deductibles Section of the Declarations is replaced by the following:

Hangarkeepers Liability Any One Aircraft Deductible:	\$1,000
Hangarkeepers Liability Any One Occurrence Deductible:	\$1,000
All Other Coverages Each Occurrence or Offense Deductible:	Nil
All Other Coverages Aggregate Deductible:	Nil

2. Paragraph B. of Section IV is replaced by the following:

B. DEDUCTIBLES

1. Our obligation to pay damages because of physical injury to "aircraft" under Coverage D applies only in excess of the Each Aircraft Deductible amount stated in the Declarations as applicable to Hangarkeepers Liability, and the limits of insurance applicable to Any One Aircraft and to Any One Occurrence, will not be reduced by the amount of such deductible.
2. Our obligation to pay
 - a. Damages because of "bodily injury" and "property damage" under Coverage A;
 - b. Medical expenses under Coverage C arising out of one "occurrence"; and
 - c. Damages because of "personal injury" and "advertising injury" under Coverage B arising out of one offense

applies only to the amount of damages or medical expenses in excess of the Each Occurrence or Offense Deductible amount stated in the Declarations as applicable to All Other Coverages, and the limits of insurance applicable to Each Occurrence will not be reduced by the amount of such deductible. Aggregate Limits for such coverages shall not be reduced by the application of such deductible amount.

3. The Hangarkeepers Liability Each Aircraft Deductible stated in the Declarations is the most you will pay under Coverage D for damages because of physical injury sustained by any one "aircraft" and the Hangarkeepers Liability Any One Occurrence Deductible stated in the is the most you will have to pay under Coverage D for damages because of physical injury sustained by all "aircraft" in any one "occurrence".

This Endorsement effective October 1, 2010
forms part of Policy Number AAP N05622645 002
Issued to City of Weslaco
By ACE Property And Casualty Insurance Company

AMENDMENT OF DEDUCTIBLE AMOUNTS AND CONDITIONS ENDORSEMENT (CONT'D)

4. The Aggregate Deductible amount stated in the Declarations as applicable to All Other Coverages is the most you will have to pay for all damages and medical expenses under Coverages A, B and C.
5. The terms of this Insurance, including those with respect to:
 - (a) Our right and duty to defend any "suits" seeking those damages; and
 - (b) Your duties in the event of an "occurrence", claim or suitapply irrespective of the application of the deductible amount.
6. We may pay any part or all of the deductible amount to effect settlement of any claim or suit and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as has been paid by us.

The aggregate deductibles of this policy apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed the last preceding period for purposes of determining the aggregate deductibles.

Authorized Representative

CRIME COVERAGE EXPOSURE SUMMARY

Prior losses: Please describe any dishonesty losses over the past 5 years, including date of loss and amounts paid or reserved:

Description	Date of Loss	Amount paid/reserved
		\$
		\$
		\$

Employee Classifications	Number of Employees in Class
A. Executive, Administrative, Judicial & Supervisory, including Department Heads & Assistants (Note: Do not include any positions required by statute, ordinance or resolution of the governing body to be individually bonded)	
B. 1. Police officers, including reserves, other than patrolmen and individually bonded as required by statute, ordinance or resolution of the governing body.	58
2. Patrolmen, including reserves, other than individually bonded as required by statute, ordinance or resolution of the governing body.	34
C. Employees, including volunteers, (other than those included in A. or B. above), who handle money, securities, sign checks or reconcile bank accounts.	
D. All other employees and volunteers.	

If excess limits are desired for specific employees or positions, complete below:

Employee (Name)	Or Position	Location of Position	Excess Limit
			\$
			\$
			\$
			\$

Signature of Authorized Official: _____

Title: _____

Date: _____

[Signature]
for Leonardo Olivares, City Manager
9/13/11

Texas Municipal League Intergovernmental Risk Pool
Prospect Exposure Summary Liability Schedule - Municipality

Entity Name _____
Population _____

Class Code Classification Description:		Projected Exposure
48727	Streets & Roads-Existence Hazard Rating Basis: Total number of miles	1.65 GRADED / 222.54 PAVED
SP99991B	Non-Profit Organizations - Municipality (2,501 & Over Pop.) Rating Basis: Rateable budget	303,001
99943	Waterworks Rating Basis: Payroll excluding clerical	
95305	Gas Utility Rating Basis: Payroll excluding clerical	
92445	Electric Utility Rating Basis: Payroll excluding clerical	
40030	Emergency Medical Technicians Rating Basis: Total number of trips involving treatment/transport	6,651
48925	Swimming Pools Rating Basis: Number of swimming pools	
43627A	Fireworks-Primary Coverage Rating Basis: Number of event days	
43627B	Fireworks-Sponsored Only Rating Basis: Number of event days	
SP99999A	Special Events-Carnival (Primary Coverage) Rating Basis: Number of events	
SP99999B	Special Events-Carnival (Sponsored Only) Rating Basis: Number of events	1
63212	Arenas, Auditoriums, etc. Rating Basis: Total square feet	N/A
SP45522	Lakes-Public Use Rating Basis: Number of lakes	
41700	Dams Rating Basis: Total number of acre feet capacity	N/A

Texas Municipal League Intergovernmental Risk Pool
Prospect Exposure Summary Liability Schedule - Municipality

Entity Name _____
Population _____

Class Code Classification Description:		Projected Exposure
48634	Stadiums Over 5,000 Seating Capacity Rating Basis: Total sales and/or revenue	N/A
44070	Golf Courses Rating Basis: Total sales and/or revenue	N/A
41714	Day Care Centers-Entity Operated Rating Basis: Average daily attendance	
41714A	Day Care Centers-Lessor's Risk Only Rating Basis: Average daily attendance	
40111	Row Boats-Canoes Rating Basis: Number of row boats and/or canoes	
40115	Motor Boats & Sail Boats Under 27 Feet Rating Basis: Number of motor boats and sail boats	
40117A	Boats-Not for Hire Rating Basis: Total boats not for hire	3
10117	Boats-Rented to Others Rating Basis: Total revenue	
10107	Boat Yards/Marinas/Wharves Rating Basis: Total sales and/or revenue	
10105	Boat Storage & Moorage Rating Basis: Total revenue	
61211	Building or Premises-Lessor's Risk Only Rating Basis: Total square feet	N/A
61215	Buildings/Offices Rating Basis: Total square feet	282,794 sq. ft.
40072	Benches-No Sales by Entity Rating Basis: Number of benches	N/A
41210	Bus Stops Rating Basis: Number with shelter of structures	0

Texas Municipal League Intergovernmental Risk Pool
Prospect Exposure Summary Liability Schedule - Municipality

Entity Name _____

Population _____

Class Code Classification Description:		Projected Exposure
49292	Toll Bridges Rating Basis: Number of annual crossings	N/A
SP49901	Zoos, Nature Centers, etc. Rating Basis: Total number of acres	4,87 Acres
16816	Restaurants Rating Basis: Total sales	
SP49902	Amusement Parks Rating Basis: Total number of acres	N/A
SP40040	Amusement Devices (fully earned) Rating Basis: Number of amusement devices	
48178	Roller Skating Rinks Rating Basis: Total revenue	
48177	Ice Skating Rinks Rating Basis: Total revenue	N/A
91210	Blasting Rating Basis: Payroll	
91580	Contractors Executive Supervisors Rating Basis: Payroll	
N/A01	Airport/aviation (excluded) Rating Basis: Number of airports	
N/A02	Hospital/clinic (excluded) Rating Basis: Number of hospitals/clinics	
Coverage: 20 General Liability		
46700	Jails Rating Basis: Total square feet for cells	4,816
00015	Animals-Dogs/Horses Rating Basis: Number	

Entity Name _____

Population _____

Class Code Classification Description:

	Projected Exposure
00010F Paid Officers-Full-time Armed and/or with Arrest Power Rating Basis: Number of armed and/or with arrest Power	58
00010P Paid Officers-Part-time Armed and/or with Arrest Power Rating Basis: Number armed and/or with arrest Power	0
00011F Paid Officers-Full-time Neither Armed nor with Arrest Power Rating Basis: Number neither armed nor with arrest power	0
00011P Paid Officers-part-time Neither Armed nor with Arrest Power Rating Basis: Number neither armed nor with arrest power	0
00013F Auxiliary Officers-Full-time Armed and/or with Arrest Power Rating Basis: Number armed and/or with arrest Power	0
00013P Auxiliary Officers-Part-time Armed and/or with Arrest Power Rating Basis: Number armed and/or with arrest power	0
00014F Auxiliary-Full-time Neither Armed nor with Arrest Power Rating Basis: Number neither armed nor with arrest power	0
00014P Auxiliary-Part-time Neither Armed nor with Arrest Power Rating Basis: Number neither armed nor with arrest Power	0
00012F Paid Clerical-Full -time Armed nor with Arrest Power Rating Basis: Number neither armed nor with arrest Power	0
00012P Paid Clerical-Full-time Police Department Only Rating Basis: Number	6
Coverage: 21 Law Enforcement Liability	0
00020 E&O Liability-Other than Housing Authority Rating Basis: Enter 1 to rate	
Coverage: 22 Errors & Omissions Liability	

Texas Municipal League Intergovernmental Risk Pool
Prospect Exposure Summary Liability Schedule - Municipality

Entity Name City of Weslaco
Population 35,670

Projected
Exposure

Class Code Classification Description:

Notes Applicable to Fireworks and Special Events:
Sponsored Only: The actual operation or display is performed by independent contractors.
Primary Coverage: The actual operation or display is performed by your own employees or volunteers.

Notes Applicable to Fire Prevention/Emergency Service Districts:
Please calculate payroll for paid employees other than clerical based on \$5,720 per employee. Add equivalent payroll for volunteer firefighters and EMTs, calculated by one of the following methods:

1. For each volunteer, \$110 per week multiplied by the number of weeks in which the volunteer is expected to record any activity, including meetings, drills and actual response.
2. Total estimated man-hours for the year multiplied by \$9.25 per hour. This is considered the more accurate measure of activity and may result in contribution savings.

$$\begin{array}{r} 2 \cdot x \\ 52 \cdot x \\ 9 \cdot 25 = \\ 962 \cdot * \end{array}$$

11 volunteer
Firefighters

Notes Applicable to Law Enforcement Liability:
Are auxiliary or reserve officers authorized to accept off duty security jobs: Yes ☒ No ☒

Does your Law Enforcement agency oversee a "Citizens on Patrol" or similar program? Yes ☐ No ☒
If so, what is the average number of participants? N/A

Does your Law Enforcement agency employ school crossing guards? Yes ☐ No ☒
If so, how many? N/A